

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION:

[DOWNLOAD THE RELEASE FORM](#)

How to request your medical records:

To disclose or release copies of a patient's protected health information, download the Authorization For Use/Disclosure of Protected Health Information Form.

If you have any questions completing the form, you may call (703) 207-7159 between the hours of 8AM-4:30PM, Mon.-Fri. for assistance. Certain restrictions and fees may apply. To submit your request in writing you may mail the authorization form to:

Northern Virginia Mental Health Institute
Attn: Health Information Management Department
3302 Gallows Road Falls Church
Falls Church, Virginia 22042-3398

To submit your request by fax, fax the completed and signed authorization form to (703) 207-7139.

Please allow the Health Information Management Department three days to log in the request. After three days, please call (703) 207-7159 between the hours of 8AM-4:30PM, Mon.-Fri. to check the status of your request.

Please follow the instructions below when filling out the authorization form.
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Fill out the authorization form completely, to include the following:

- ☐ Telephone number of the patient/LAR;
- ☐ Full name of patient (Please indicate any other names used that could help with the process);
- ☐ Date of birth of patient;
- ☐ Social security number of patient (optional);
- ☐ Type of information needed or requested (Placed a check mark by the report and specific dates of documentation requesting);
- ☐ Intended use of information (Please indicate if the information needed /released will be for personal use or continuing care);
- ☐ Specify the time period of how long the authorization will be valid;
- ☐ Specify the effective date of the authorization;
- ☐ The authorization must be signed and dated by the patient or LAR.

The cost for duplication of the health records is \$.50 for each page up to 50 pages, \$.25 a page for the remainder, \$1.00 per page for microfilm
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